

Oncology Clinical Pathways

Head and Neck Cancer

April 2022 – V1.2022



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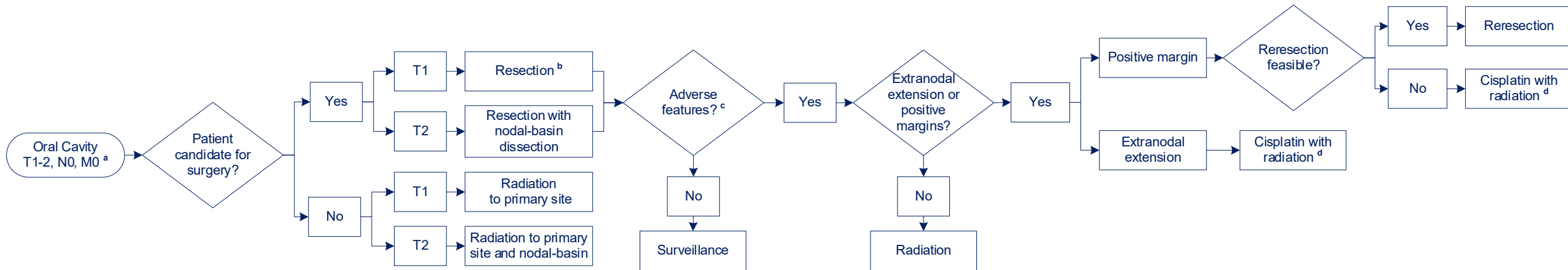


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Head and Neck Cancer – Oral Cavity T1-2, N0, M0



Clinical trial(s) always considered on pathway.

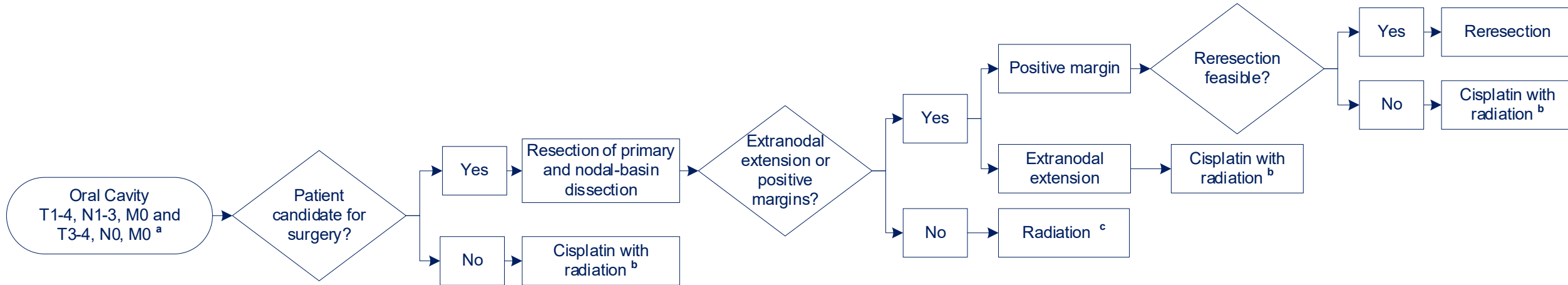
^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Resection** consider neck dissection if depth of invasion is >3mm; always consider neck dissection with perineural or perivascular/vascular invasion

^c **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^d **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Oral Cavity T1-4, N1-3, M0 and T3-4, N0, M0



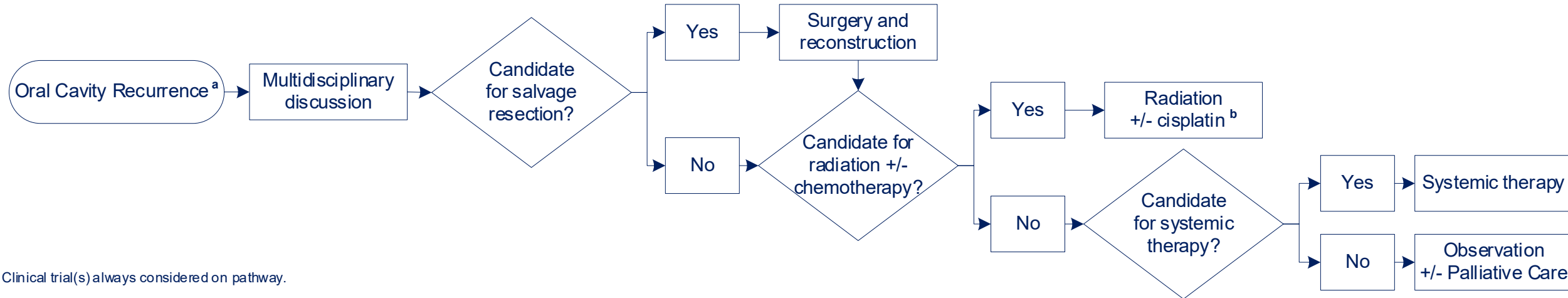
Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Plan for total cisplatin** dose $\geq 200 \text{ mg/m}^2$ (either as 100 mg/m^2 IV every 3 weeks for 3 cycles or 40 mg/m^2 IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

^c **Radiation** forgo radiation for N1 disease with a single lymph node if the only adverse pathological feature

Head and Neck Cancer – Oral Cavity Recurrence



^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Plan for total cisplatin** dose $\geq 200 \text{ mg/m}^2$ (either as 100 mg/m^2 IV every 3 weeks for 3 cycles or 40 mg/m^2 IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel



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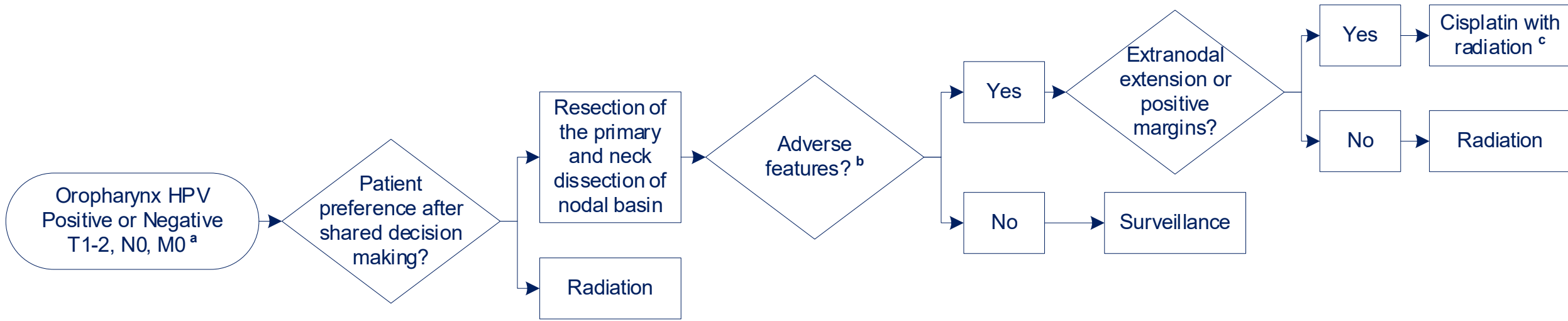
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Head and Neck Cancer – Oropharynx HPV Positive or Negative T1-2, N0, M0



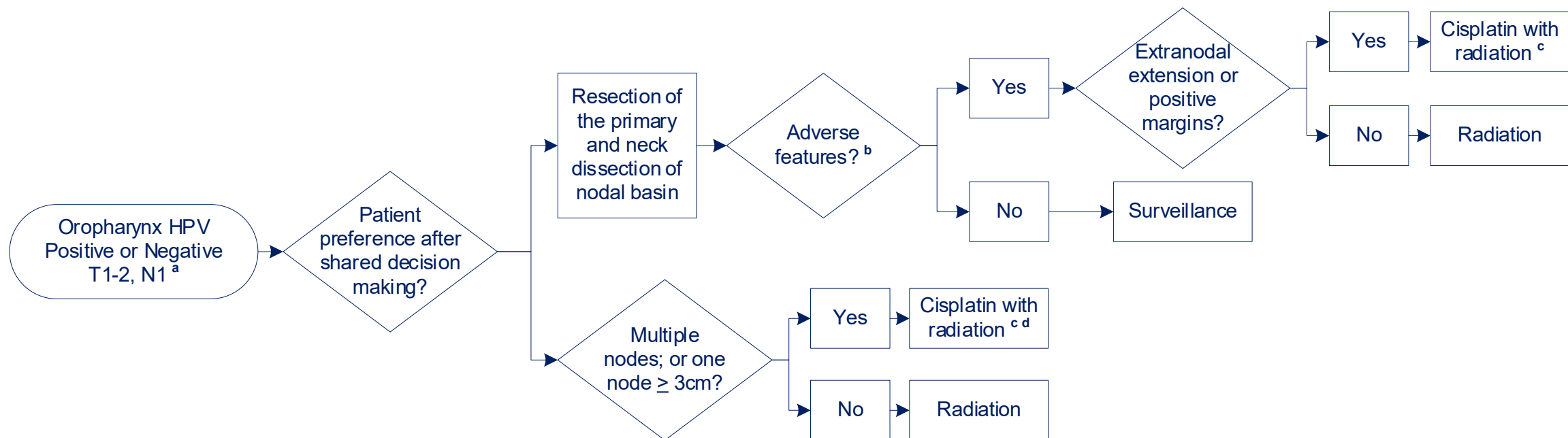
Clinical trial(s) always considered on pathway.

^a **Pathway takes into consideration** the difference in staging between HPV negative and positive disease

^b **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^c **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Oropharynx HPV Positive or Negative T1-2, N1



Clinical trial(s) always considered on pathway.

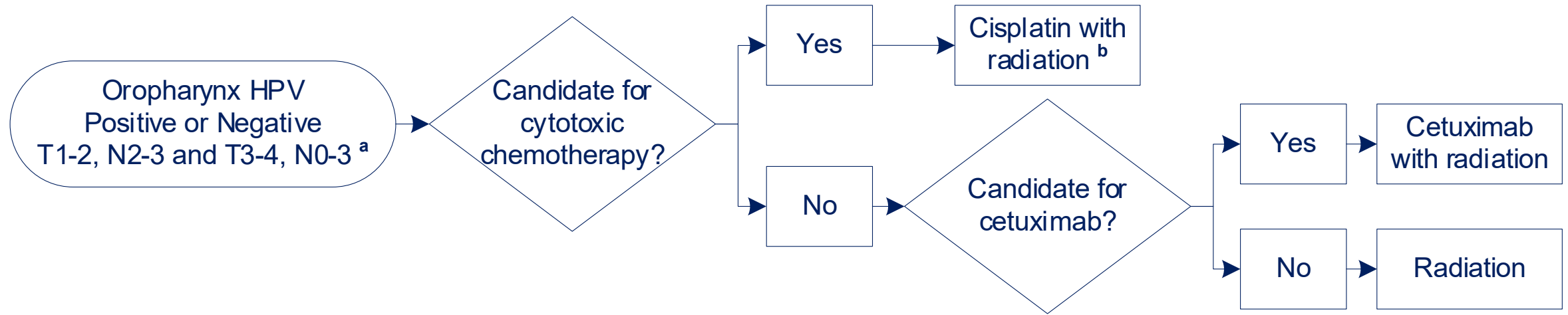
^a **Pathway takes into consideration** the difference in staging between HPV negative and positive disease

^b **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

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^d **If not platinum eligible**, prescribe cetuximab

Head and Neck Cancer – Oropharynx HPV Positive or Negative T1-2, N2-3 and T3-4, N0-3

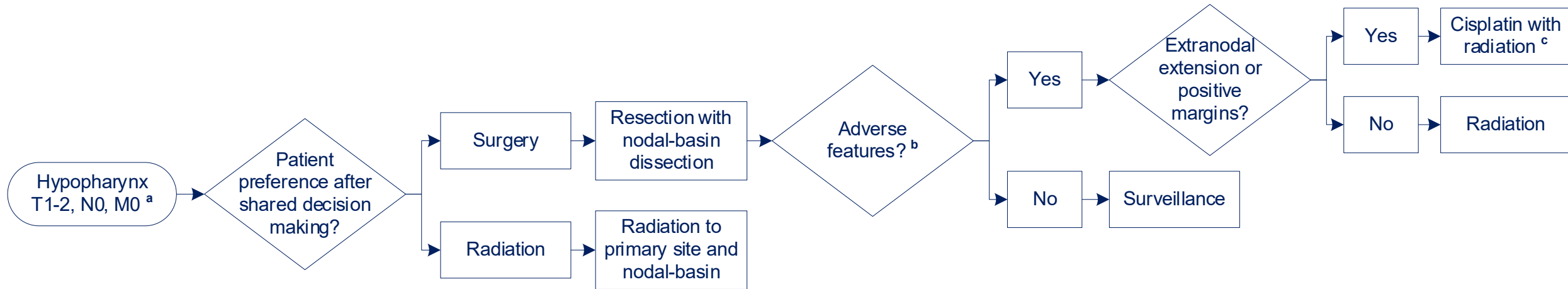


Clinical trial(s) always considered on pathway.

^a **Pathway takes into consideration** the difference in staging between HPV negative and positive disease

^b **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Hypopharynx T1-2, N0, M0



Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^c **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel.



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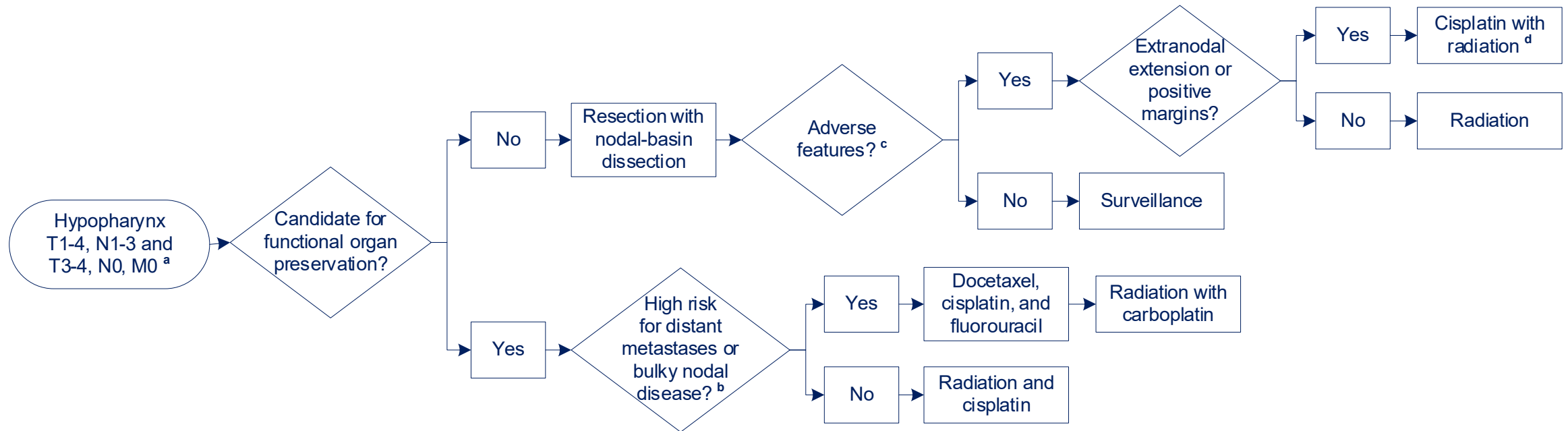
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Head and Neck Cancer – Hypopharynx T1-4, N1-3 and T3-4, N0, M0



Clinical trial(s) always considered on pathway.

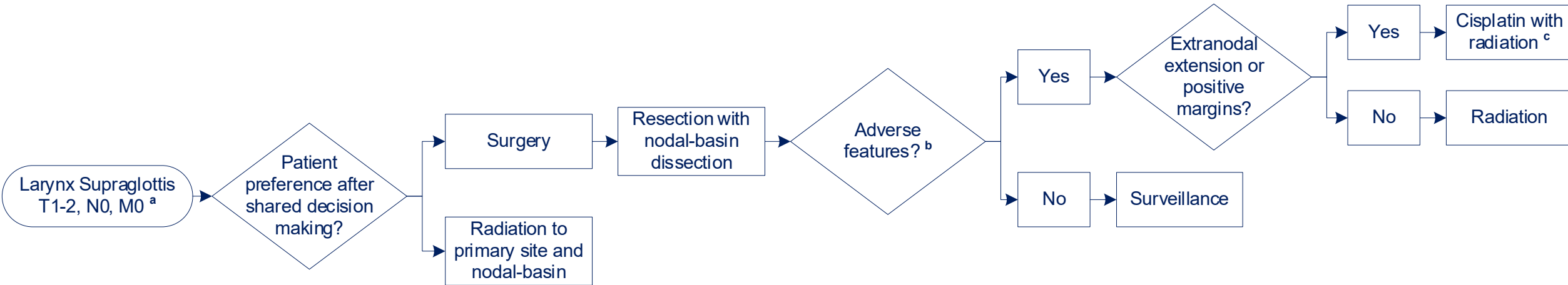
^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Bulky nodal disease** includes N2, N3

^c **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^d **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Larynx Supraglottitis T1-2, N0, M0



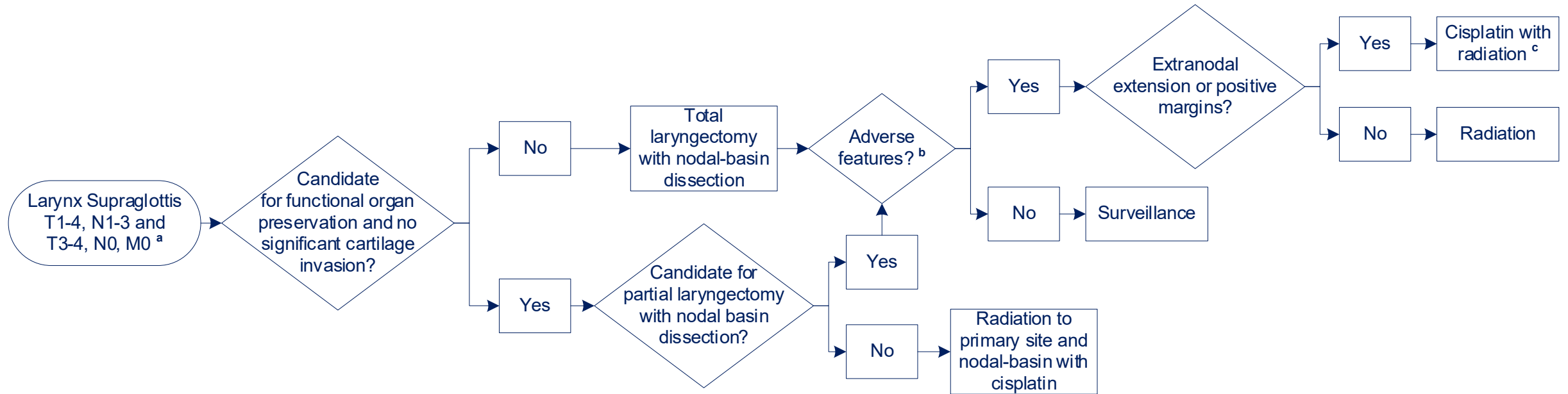
Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^c **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Larynx Supraglottis T1-4, N1-3 and T3-4, N0, M0



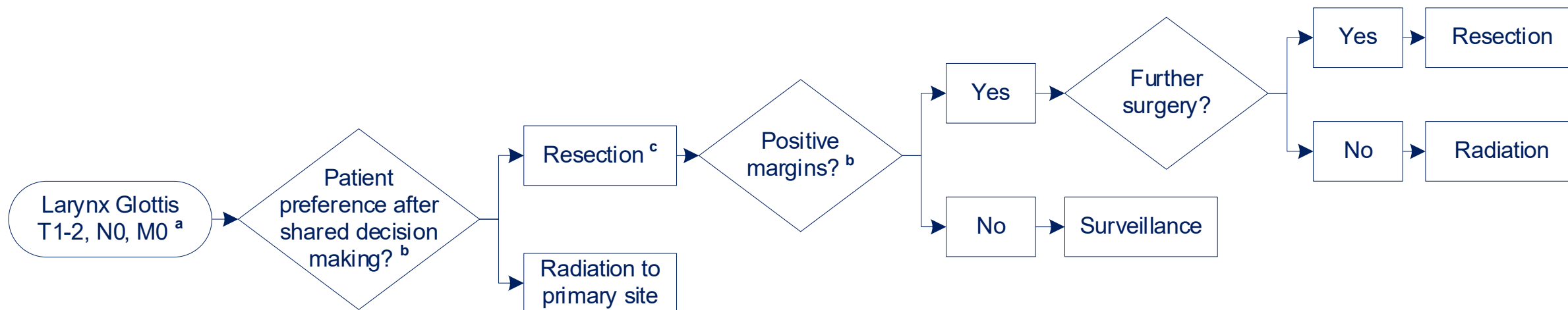
Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^c **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Larynx Glottis T1-2, N0, M0



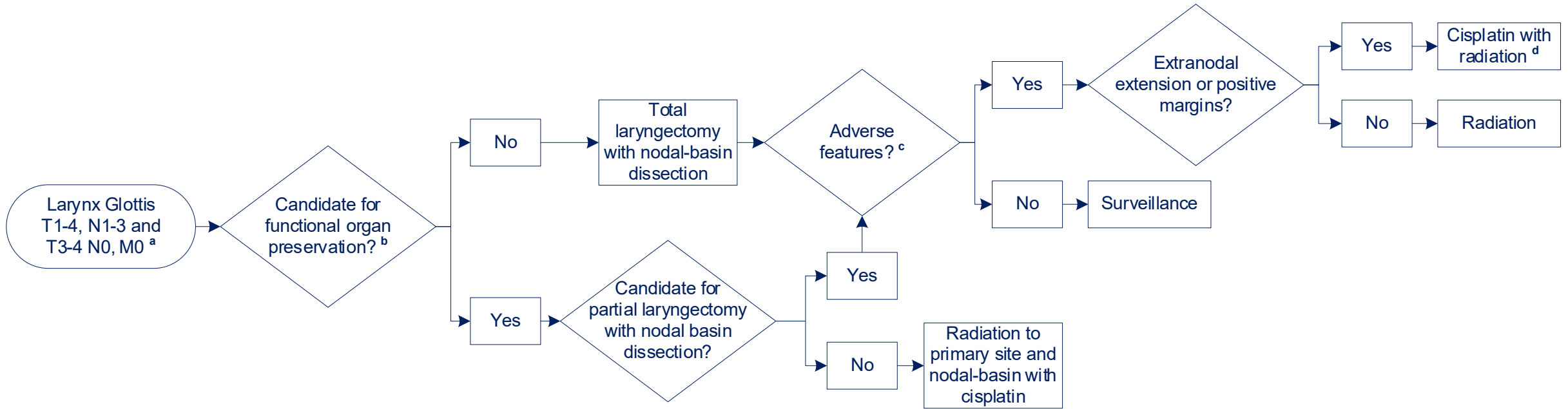
Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Consider** voice quality, swallowing function, and ability to adhere to radiation protocols

^c **Surgical options include** cold steel versus laser

Head and Neck Cancer – Larynx Glottis T1-4, N1-3 and T3-4, N0, M0



Clinical trial(s) always considered on pathway.

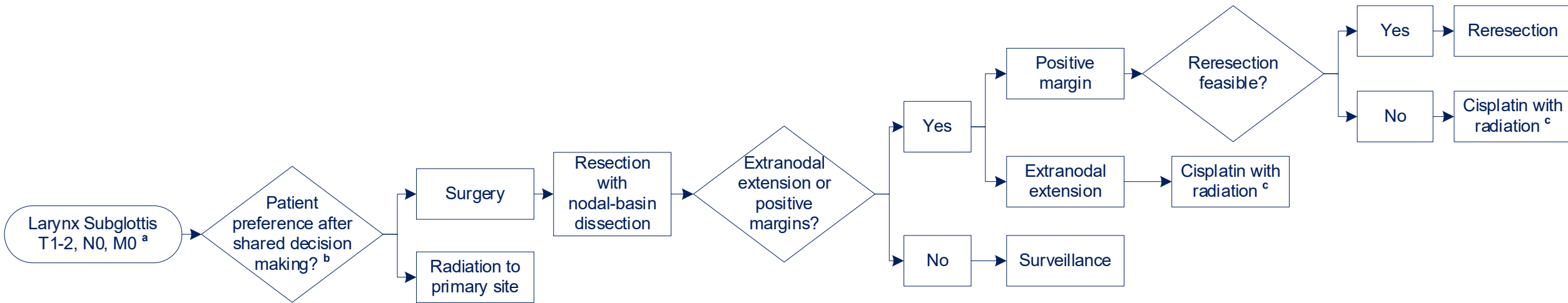
^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **If patient T4** with obvious cartilage invasion, laryngectomy with nodal basis dissection is preferred

^c **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^d **Plan for total cisplatin** dose $\geq 200 \text{ mg/m}^2$ (either as 100 mg/m^2 IV every 3 weeks for 3 cycles or 40 mg/m^2 IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Larynx Subglottis T1-2, N0, M0



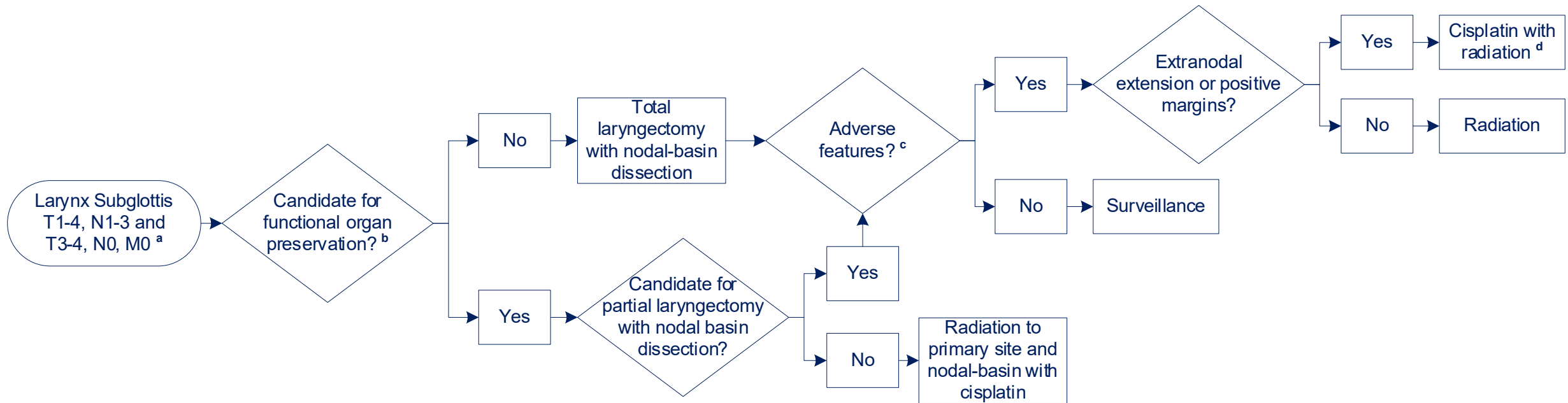
Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Patient preference and positive margins:** consider voice quality, swallowing function, ability to adhere to radiation protocols, and patient preference

^c **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Larynx Subglottis T1-4, N1-3 and T3-4, N0, M0



Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

^b **Consider consultation** with thoracic surgery

^c **Adverse features include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

^d **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

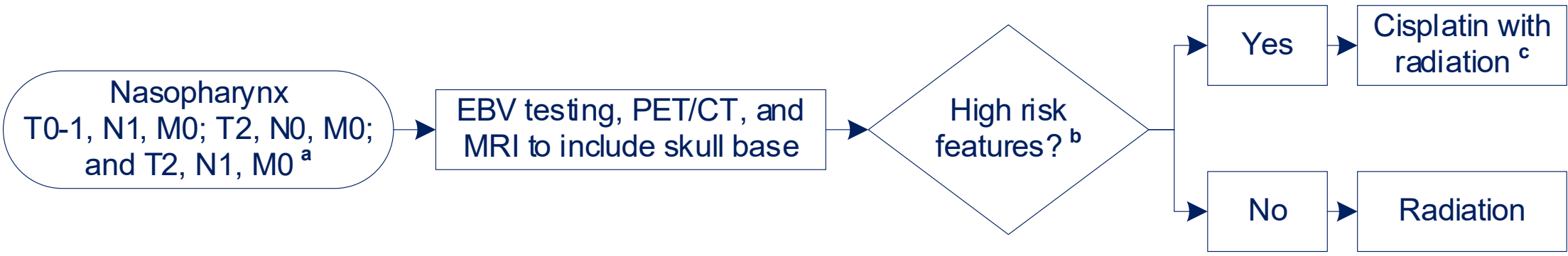
Head and Neck Cancer – Nasopharynx T1, N0, M0



Clinical trial(s) always considered on pathway.

^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

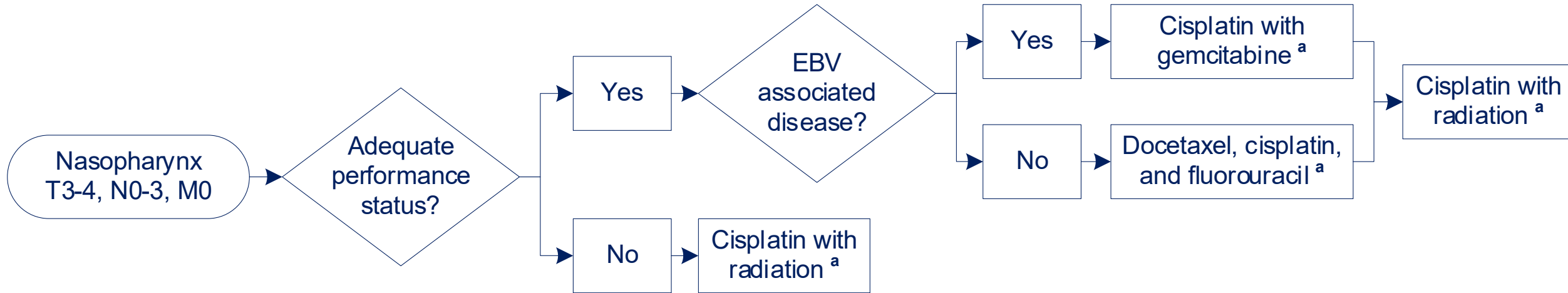
Head and Neck Cancer – Nasopharynx T0-1, N1, M0; T2, N0, M0; and T2, N1, M0



Clinical trial(s) always considered on pathway.

- ^a **Evaluate need for support regarding** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing
- ^b **High risk features** include bulky disease and elevated EBV titers
- ^c **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Head and Neck Cancer – Nasopharynx T3-4, N0-3, M0



Clinical trial(s) always considered on pathway.

^a **Plan for total cisplatin** dose ≥ 200 mg/m² (either as 100 mg/m² IV every 3 weeks for 3 cycles or 40 mg/m² IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

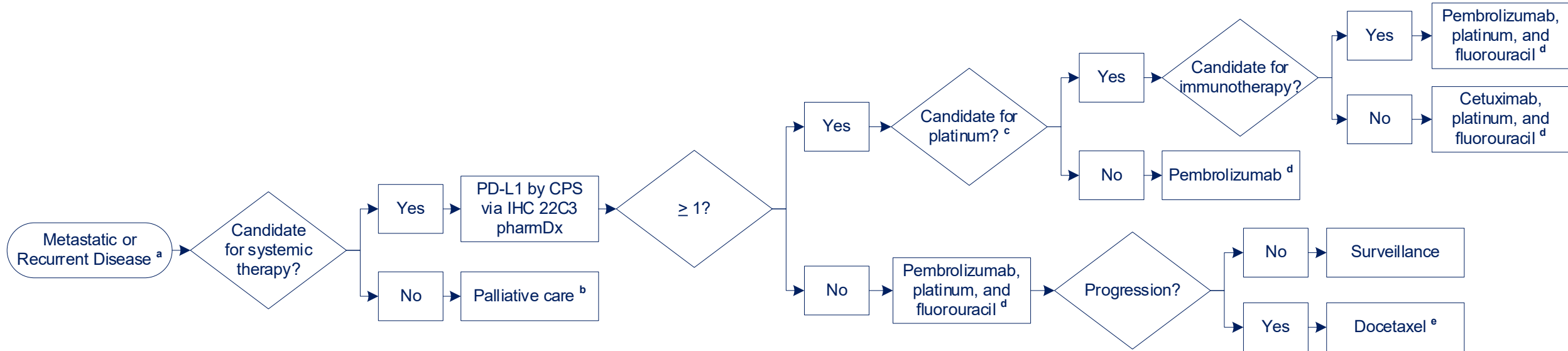
EBV Epstein-Barr Virus

Head and Neck Cancer – Local or Regional Recurrent Disease



Clinical trial(s) always considered on pathway.

Head and Neck Cancer – Metastatic or Recurrent Disease



Clinical trial(s) always considered on pathway.

^a **Patient not eligible** for localized therapies

^b **Palliative Care**, consider palliative radiation

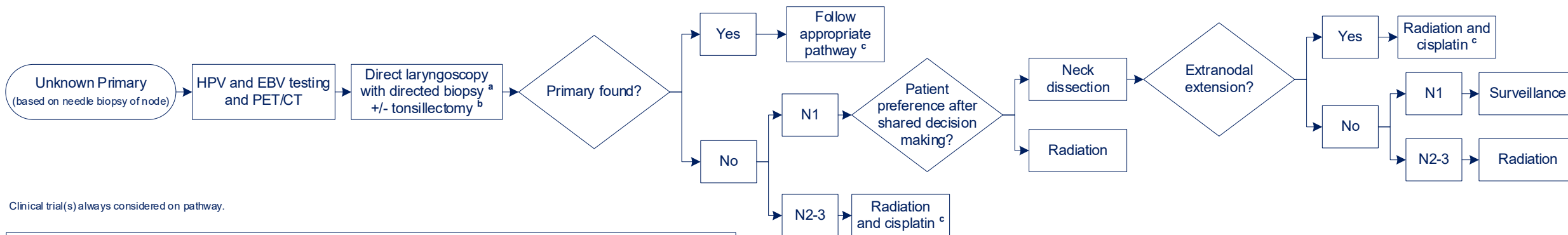
^c **Candidacy** based on platinum toxicities such as adequate cell counts, severe neuropathy, hearing loss/tinnitus, renal failure toxicity, and/or need for rapid cytoreduction

^d **Pembrolizumab**, duration maximum of two years

^e **If not docetaxel eligible**, prescribe cetuximab

CPS Combined Positive Score

Head and Neck Cancer – Unknown Primary



Clinical trial(s) always considered on pathway.

^a **Directed biopsy** of bilateral base of tongue, lingual tonsils, palatine tonsils; if Level 5 node positive, include nasopharynx

^b **Tonsillectomy** should be considered unless patient has very small, soft palatine tonsils

^c **Appropriate Pathway** if HPV positive follow oropharynx pathway; if EBV positive follow the nasopharynx pathway

^d **Plan for total cisplatin** dose $\geq 200 \text{ mg/m}^2$ (either as 100 mg/m^2 IV every 3 weeks for 3 cycles or 40 mg/m^2 IV weekly with concurrent radiation); candidates for high-dose cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.); **if not cisplatin-eligible**, prescribe carboplatin-fluorouracil or carboplatin-paclitaxel

Questions?

Contact VHAOncologyPathways@va.gov



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